

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>z</i>		<i>05/10/01</i>
O.I.P.E. CLASSIFIER	<i>m m</i>	<i>10</i>	<i>05/10/01</i>
FORMALITY REVIEW	<i>m m</i>	<i>52</i>	<i>05/10/01</i>
RESPONSE FORMALITY REVIEW	<i>SLP</i>	<i>1091</i>	<i>7-20-01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
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45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

*C.C.*  
*06-08-01*  
*12-556-1701*